

When a child is born, a statement must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 181	
County of <u>Gila</u>		ORIGINAL CERTIFICATE OF BIRTH	
District of _____		Co. Registrar's No. <u>330</u>	
Town of <u>Miami</u>		Local Registrar's No. _____	
or _____		St. _____ Ward _____	
City of _____ (No. _____)			
FULL NAME OF CHILD <u>Julio Sanchez</u>		Born <input checked="" type="checkbox"/> YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <input checked="" type="checkbox"/> NO	
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>6</u>
Legitimate? <u>yes</u>		Date of Birth <u>May 27</u> - <u>1921</u>	
		Month Day Yr.	
FATHER		MOTHER	
Full Name <u>Gregorio Sanchez</u>		Full Maiden Name <u>Adalida Navarette</u>	
Residence <u>Miami, Arizona</u>		Residence <u>Miami, Arizona</u>	
Color or Race <u>Mex</u>		Color or Race <u>Mex</u>	
Age at last Birthday <u>32</u> Years		Age at last Birthday <u>21</u> Years	
Birthplace <u>Jalisco, Mexico</u>		Birthplace <u>Sinaloa, Mexico</u>	
Occupation <u>Laborer</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>6</u>		Number of Children, of this mother, now living <u>6</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>May 27</u> , 19 <u>21</u> , at <u>8 P.</u> M.			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>C. M. Crow M.D.</u>	
		Attending physician, midwife, householder.*	
Given or Christian name added from a supplemental report _____ 19 <u>1</u>		Address <u>Miami, Arizona</u>	
129-527-155		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		A True Copy	
Filed <u>July 1</u> 19 <u>21</u>		COUNTY REGISTRAR.	